



Incident Report

Print Date/Time: 03/28/2016 13:00
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00005217

Incident Date/Time: 3/18/2016 6:19:00 AM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 971-4645
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0105-Irwin

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MCCLOREN, JEROME					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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03/18/2016 : 06:20:19 SP0321 Narrative: CC, NON INJ, NON BLKING, RP IN BLU F150 VS TAN SUV



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

2016-
CASE NUMBER 00005217

VICTIM ☒ WITNESS ☐

NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Bard William E</u>		RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>8-19-49</u>	AGE <u>66</u>	HGT <u>5'8</u>	WGT <u>220</u>	HAIR <u>BRN</u>	EYES <u>BLU</u>
STREET ADDRESS <u>18806 Blueberry Ln</u>				CITY <u>Monroe</u>		STATE <u>WA</u>		ZIP <u>98272</u>		
HOME PHONE		CELL PHONE <u>360-348-5016</u>			WORK PHONE <u>360-691-2288</u>					
EMAIL ADDRESS (OPTIONAL) <u>Bill-Bard@outlook.com</u>					PLACE OF EMPLOYMENT <u>Cobalt End</u>					

STATEMENT:

Making a left turn from a double lane, a collision occurred
turning Northbound on highway 9, Marysville
I believe I was in my correct position.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

 2016 -
 CASE NUMBER 0005217

 VICTIM ☒ WITNESS ☐
NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>MCLAURIN TIM JEROME</u>		RACE <u>BLK</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>4/26/60</u>	AGE <u>55</u>	HGT <u>6'</u>	WGT <u>190</u>	HAIR <u>BLK</u>	EYES <u>BROWN</u>
STREET ADDRESS <u>10104 169TH DR. N/E</u>				CITY <u>GRANITE FALLS</u>		STATE <u>WA</u>		ZIP <u>98252</u>		
HOME PHONE <u>SAME</u>		CELL PHONE <u>425-971-4645</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>COEING</u>					

STATEMENT:

TURNING LEFT ONTO HWY 9 FROM HWY 204 I WAS IN THE RIGHT HAND LANE OF TWO TURNING LANES. THE DRIVER IN THE LEFT ~~LAN~~ TURNING LANE DID NOT TURN. HE WENT STRAIGHT AND AND RAN INTO MY LEFT SIDE. I WAS PUSHED ALMOST OFF THE ROAD TO THE RIGHT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: <u>3/18/16</u>
OFFICER/NUMBER: <u>4105</u>	DATE SIGNED: <u>3/18/16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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16-00005217, 031816 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E528022**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00005217
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	03	-	18	-	2016			0618	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	9200
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	SR 9 NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	BARD	FIRST NAME	WILLIAM	MIDDLE INITIAL	E
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STREET NEW ADDRESS	18806 BLUEBERRY LN
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CITY	MONROE	ST	WA	ZIP	982721301
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	BARD*WE519NR	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	19	-	1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AWA7504	STATE	WA	VIN#	5GZEV13728J270437
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2008	MAKE	STRN	MODEL	OUT4D	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	ANGELA BARD 18806 BLUEBERRY LN MONROE WA 98272
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4054907896
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MC LAURIN	FIRST NAME	TIMOTHY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	10104 169TH DR NE
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CITY	GRANITE FALLS	ST	WA	ZIP	982528636
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	MCLAUTJ406J6	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	26	-	1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C42294C	STATE	WA	VIN#	1FTFW1ET6EKG06044
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	FORD	MODEL	F150	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	TIMOTHY MCLAURIN 10104 169TH DR NE GRANITE FALLS WA 98252
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	COMMERCE WEST INSURANCE ACPA-001245549
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	D. IRWIN	BADGE OR ID #	0105	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E528022**CASE # **2016-00005217**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

UNIT #1 was making a left turn from eastbound SR204 onto northbound SR9 from the inside turnlane. Unit #2 was also eastbound on SR204 making left turn onto northbound SR9, from the outside lane. As the two (2) vehicles made the turn, UNIT #1 drifted from the inside lane to into the outside, colliding with UNIT #2.

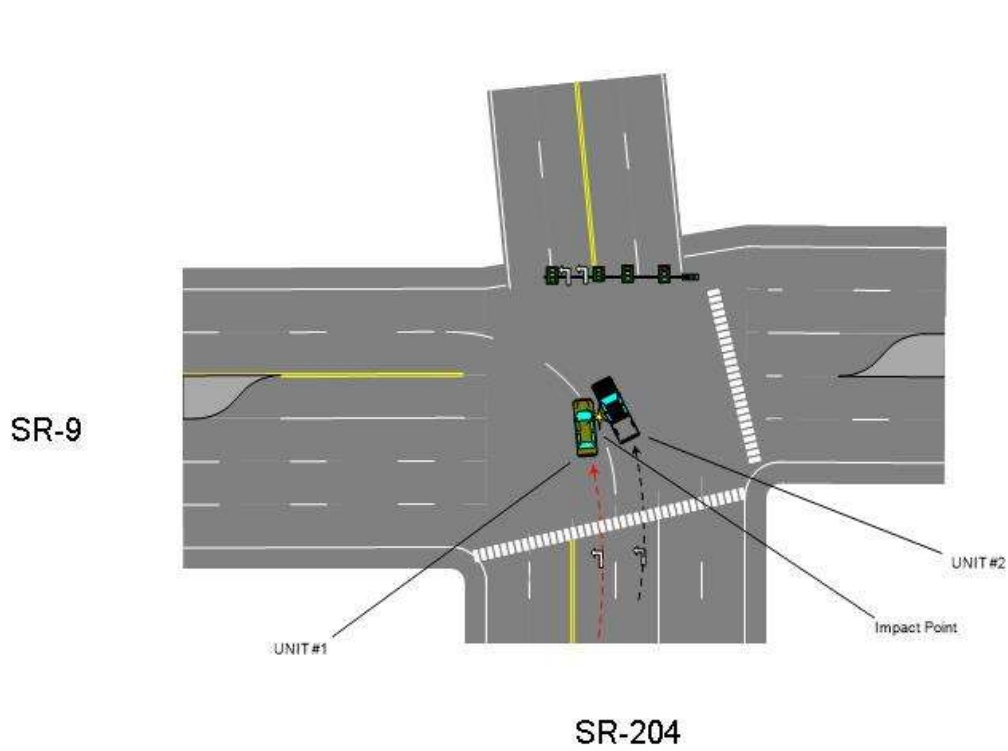
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. IRWIN		03-25-16 08:02 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY		DATE	
D. IRWIN 0105		3/25/2016 8:12:26 AM	
BADGE OR ID #	0105	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
6:20 AM		6:25 AM	

REPORT NO. E528022

CASE # 2016-00005217

DATE AND TIME
OF COLLISION 03/18/16 06:18



** not to scale **

35 MPH